Exposing the Diet Myth: Diets Make You Eat Less

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The holiday season is fast approaching and along with it is the start of a new year. This year, we also begin a new decade, a new century and a new millennium. For most people, the start of a new year is the time to make resolutions. The opportunities to wipe the slate clean, forget past failures and have a fresh start often gives people renewed motivation to set goals and work toward them. One of the most common New Year's resolutions is to lose weight, as highlighted in a humorous advertising campaign for a company selling day planners.

The advertisement compared a woman's New Year's resolutions written in her day planner over a number of years. The first year, her number one New Year's resolution was to lose 5 pounds. The next year, it was to lose 10 pounds. The next year, it was to lose 15 pounds. The pattern continued—with each passing year the amount she "needed" to lose increased. This advertisement does a good job of illustrating the losing battle of weight loss and reveals a common myth that perpetuates a 30-billion dollar dieting industry—the myth that diets work.

The myth of dieting

Research in the area of dieting and eating behaviour reveals a great discrepancy between what people *think* dieters do and what dieters *actually* do. Most people think that dieting is a simple process, and in theory it is. To lose weight, you simply have to eat less. However, in reality, dieting is not a simple task and much of the time dieters do not eat less than do non-dieters. This article debunks the myth that dieters actually eat less than do non-dieters by reviewing the evidence comparing the eating behaviours of dieters and non-dieters, and in particular what triggers episodes of overeating in dieters. Next, the possible mechanisms that lead dieters to eat more than non-dieters are considered. Finally, alternatives to dieting are presented briefly.

MYTH: Diets make you eat less

Although dieters try to restrict their intake and there are some studies to show that they eat less than non-dieters do, the evidence suggests that under many conditions, dieters typically eat the *same* or *more* than do non-dieters. In one study researchers found that the average daily caloric intake of dieters did not differ significantly from that of non-dieters. Dieters in this study ate slightly more (on average 2234 cal/day) than did the non-

dieters (on average 2066 cal/day). The dieters also ate significantly more snacks and ate more frequently than did the non-dieters.

Many studies have found that across a variety of conditions, dieters typically eat more than do non-dieters. It appears that maintenance of control of eating in dieters is rare. Numerous laboratory studies have revealed a variety of "diet disrupters" or triggers of overeating. These include anxiety, distress, depression, positive emotion, alcohol, actual or anticipated consumption of a "diet-breaking" food (e.g., a milkshake), or the mere exposure to the smell and thoughts of such foods. Many of the factors that trigger overeating in dieters typically inhibit eating in non-dieters. For example, non-dieters eat less than they would otherwise if they are anxious, distressed, or depressed. Research shows that people are good at maintaining their diets only as long as they are not exposed to any diet disrupting triggers. Unfortunately, in the real world the dieter is constantly subject to these, and is therefore likely to overeat frequently.

The link between dieting and binge eating

Dieting has been identified as a risk factor in the development of eating disorders and in particular, binge eating. This is best illustrated by a classic study documenting the effects of starvation at the University of Minnesota in the 1940s. Thirty-six normal, psychologically healthy males volunteered to be in the research study as an alternative to active military service. They were put on a strict starvation diet with the goal of reducing their body weight by about 25 per cent. Soon after being on the starvation diet, the men started to exhibit the psychological and physiological effects of starvation—symptoms strikingly similar to those experienced by people with eating disorders. Several of the men lost control of their eating and appeared to experience bulimic episodes. Both during the re-feeding phase, when access to food was unlimited, and after the men were weight-restored, several of them continued to experience extreme hunger and would eat huge quantities of food without feeling satisfied. This study provides compelling evidence that extreme food deprivation can lead to excessive eating and, in some individuals, to binge eating.

However, it is not necessary to experience extreme physiological deprivation for overeating and extreme hunger to occur. Evidence shows that psychological deprivation, induced by short periods of caloric restriction is enough to trigger overeating and increase hunger. In a recent study, a group of young, healthy *non*-dieters were placed on a four-week intermittent dieting schedule. Participants followed a strict calorie-reduced diet (below 600 cal/day) on four days of the week and were able to eat without restrictions on the remaining three days of the week. The researchers found that the participants reported that the tendency to overeat, as well as the amount of calories they consumed, were significantly increased from the baseline on the days that participants were allowed unlimited access to food. The participants in this study also experienced increasing

irritability and fatigue, worsening of mood and impaired concentration over the course of the four-week period, all common amongst dieters. After the four weeks, they did not experience a substantial weight loss, suggesting that the psychological deprivation inherent in dieting is a significant factor leading to episodes of overeating. In fact, longitudinal studies of weight fluctuations in dieters and non-dieters show that chronic dieters do not usually lose weight over time, despite actively attempting to do so.

Self-presentation or cognitive distortion

So why do people believe that dieters eat less than non-dieters do? Well, presumably, the easiest way to lose weight is to eat less, and the expectation is that dieters should eat less because this is the best way to achieve their goal. Dieters, themselves, are motivated to think they are eating less or perhaps, to present themselves to others as eating minimally. In this way, they are succeeding at their socially acceptable goal: to be a good dieter. Research has shown that dieters significantly under-report what they have eaten—they tend to believe that they eaten much less than they actually have. In comparison, non-dieters tend to be very accurate at reporting the amount they have eaten. This and similar findings may represent a cognitive distortion, functioning to protect the dieter's self-esteem, which is more heavily dependent on weight and shape than that of the non-dieter. It is also possible that the dieter is motivated to under-report consumption to others, as eating minimally is a socially desirable goal.

Adherence to dietary rules: when do dieters eat less?

When dieters come into the laboratory and are presented with an opportunity to eat as much as they like in the guise of a bogus "taste perception task," they typically eat less than do non-dieters. But, this is true only when no disinhibitory triggers are presented or manipulated. It would seem that dietary restraint is quite tenuous and that virtually anything can induce dieters to break their diets.

A factor that induces "normal" eating (i.e., eating comparable to that of non-dieters) and even decreased eating (i.e., eating less than non-dieters) in dieters is an increase in the dieter's self-awareness. Increased self-awareness at either the private level (i.e., increased consciousness about what they are eating) or at the public level (i.e., increased awareness that others are monitoring what they are eating) promotes adherence to the diet and suppresses eating in dieters. Given the laboratory research, one would expect to see that in naturalistic studies, dieters' patterns of food intake would be characterized by alternating periods of restriction and overeating. Contrary to these expectations, several naturalistic investigations have found that dieters report eating less than non-dieters. However, when we examine the methodology of these studies, a number of problems emerge. The majority of these studies must rely on the self-report intake using dietary

self-monitoring forms or food diaries. The validity of a dieter's self-report of intake is questionable given the evidence that dieters to tend to under-report their food intake. Self-monitoring may also increase self-awareness, a factor shown to suppress eating in dieters.

If chronic dieters were truly eating less than non-dieters, it would seem reasonable to expect that they would also weigh less. However, many studies consistently find that dieters weigh significantly more than do non-dieters, and that they do not lose weight over time. This is further evidence that dieters may actually eat more than they report. Given the evidence that dieting leads to overeating or bingeing, it is possible that the consumption of such excess calories is manifested in an increased body weight in dieters—an unfortunate, and ironic, consequence of trying to lose weight. Many people who have dieted on and off for many years can look back at a picture of themselves when they first started to try and diet and wonder why they ever went on the diet in the first place, as over the years dieting has pushed up their weight.

What prevents dieters from consistently eating less?

What prevents dieters from achieving their goal of consistent caloric restriction? One explanation for the association between dieting and overeating and for the proposal that dieting may lead to bingeing is that dieting involves substituting the cognitive regulation of eating for physiological control, in order to override the body's natural defence of weight. Cognitive regulation of eating is problematic because it is vulnerable to disruption by conflicting cognitions and emotional factors. In addition, ignoring the physical sensations of hunger and satiety in favour of a cognitive diet program leaves one lacking a mechanism to stop intake if and when cognitive regulation fails. Other mechanisms of diet failure that have been proposed include pressures from physiological and psychological deprivation. Short-term physiological deprivation from periods of restriction could increase vulnerability to episodes of overeating. For example, physiological indices suggest that dieters may be "hungrier" than non-dieters. The most probable mechanism is a complex one that encompasses a number of factors, including cognitive restraint or psychological deprivation combined with cognitive, emotional and situational pressures. This conflict between physiological and psychological cues and internal and external forces in dieters is one specific example of a more general phenomenon: the inhibition of a motivated behaviour typically leads to excess—the opposite of the intended suppression.

The non-dieting alternative

In conclusion, dieting does not seem to produce reduced food intake. Dieters appear to be able to adhere to dietary rules for only a transitory period of time, at which point,

inhibition is lifted by a diet-breaking trigger. This could be caused by almost anything—from a fight with a friend, to being given a piece of birthday cake at a party. For the most part, dieters are not able to meet their goal of eating minimally.

Alternatives to dieting have been described in various ways as "normal eating," "anti-dieting," and "undieting." All of these approaches advocate several measures: (1) Giving up dieting and restriction of intake. These programs advocate "normalizing" eating with the goal of controlling eating by hunger and satiety, rather than cognitive and external factors. The elimination of the concept of "forbidden" foods also eliminates the psychological frustration associated with dieting. (2) Getting rid of the dieting mentality. If there is no diet, there is no opportunity for failing at it, and thus subsequent self-derogation is averted. (3) Working on accepting or tolerating the body at whatever its size. This frees up a lot of energy to work on other aspects of the self from which the dieter can derive esteem and satisfaction and suggests a better area for making those New Year's resolutions.

Recommended Reading

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